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Under the Paperwork Reduction Act of 1999, the per-	Attorne	y Docket No.	4731	-000001/COD	
UTILITY	First In	ventor Abta	r Sing	h et al.	_
PATENT APPLICATION TRANSMITTAL	Title	METHOD AND APPARATUS FOR REFRIGERATION SYSTEM CONTROL HVING ELECTRONIC EVAPORATOR PRESSURE REGULATORS			10101
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1	SELECTION OF INVENTOR(S)						5
	Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR		(b)(2	)(B)(i). Appli	cant must a	attach form PTO/SB/3	<u> </u>
1 .	1 63(d)(2) and 1,33(D).			equivalent.			
6. Appli	cation Data Sheet. See 37 CFR 1.76					ti vis en amandment	
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18. If a CONTI	ication Data Sheet under 37 CFR 1.76:		. (017)	of prior appl	ication No: 10	0 / <u>146,848</u>	
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	Harness, Dickey & Pierce, P.L.C.						
Name							
Address	P.O. Box 828						
700/655			MI	Zio	Code	48303	
City	Bloomfield Hills	State			Fax	248-641-0270	
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<del>سنسی</del> ا	and the sale		Registration N	lo. (Attorney/	(Agent)	43,770	
Name (F	Print/Type) Michael Malinzak					July, 2003	
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Signatu	re · · · · · · · ·						

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Approved for use through 10/31/2002; OMB 0651-0032

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EEE TO ANICMITT AL			
FEE TRANSMITTAL	Application Number		
for FY 2003	Filing Date		
Patent fees are subject to annual revision.	First Named Inventor	Abtar Singh et al.	
	Examiner Name		
Applicant claims small entity status. See 37 CFR 1.27	Group / Art Unit		
TOTAL AMOUNT OF PAYMENT (6) 1500	5	4721 000001/COD	

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1003 520 2003 260 Plant filling fee 1403 280 2403 140 Request for oral hearing	
1004 750 2004 375 Reissue filing fee 1451 1,510 Petition to institute a public use	
1005 160 2005 80 Provisional filling fee 1452 110 2452 55 Petition to revive – unavoidable	
SUBTOTAL (1) (\$) 750   1453   1,300   2453   650   Petition to revive – unintentional	
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Claims 10 -3 ** = 7 X 84 = 588 1806 180 1806 180 Submission of Information Disclosure	
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Code (\$) Code (\$) Fee Description (37 CFR § 1.129(a))	
1202 18 2202 9 Claims in excess of 20 1810 750 2810 375 For each additional invention to be	
1201 84 2201 42 Independent claims in excess of 3 examined (37 CFR § 1.129(b))	
1203 280 2203 140 Multiple dependent claim, if not paid 1801 750 2801 375 Request for Continued Examination (RCE)	
1204 84 2204 42 ** Reissue independent claims over original patent 1802 900 1802 900 Request for expedited examination	
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**or number previously paid, if greater; For Reissues, see above	

SUBMITTED BY				Co	mplete (if applicable)	
Name (Print/Type)	Michael Malinzak	Registration No. Attorney/Agent)	43,770	Telephone	(248) 641-1600	
Signature	1 Na			Date	July <b></b> , 2003	